



U.S. Commercial Service
 American Embassy – FCS
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CUSTOMIZED MARKET RESEARCH SERVICE (CMR) QUESTIONNAIRE

To help us provide you with the best possible market information, please complete this questionnaire in detail. The information you provide will be used internally only and will not be shared with third parties.

A. Contact Information:

| | | |
|---------------------------|--------|------------------------|
| Company Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Company Web Site: | | |
| Contact Person: | | Title: |
| Contact Tel: | | Contact Fax: |
| Contact E-mail: | | |
| Alternate Contact: | | Title: |
| Alternate Contact E-mail: | | Alternate Contact Tel: |

B. Company Information:

| | |
|--|--|
| Company Activity: (select all that apply) | |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Service Company |
| <input type="checkbox"/> Exclusive distributor | <input type="checkbox"/> Franchisor |
| <input type="checkbox"/> Export Management Company | <input type="checkbox"/> Other (please specify): _____ |
| Has your firm ever used the Customized Market Research Service? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| When? | Where? |
| Are you currently working with a U.S. Export Assistance Center (USEAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please provide USEAC City and Trade Specialist name: | |

C. Product/Service Information:

| | |
|--|---|
| Export Control Classification Number (ECCN): | |
| HS Code: | Does your product contain at least 51% U.S. content? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe the product/service(s) you seek to promote, including its competitive advantages and unique selling proposition. Include its applications and unique features that differentiate your product from that of the competition. | |

| |
|---|
| |
| Who are your major competitors at home and abroad? |
| List the most important end-users or end-user industries for this product/service. |
| How is your product typically distributed and marketed in the United States (and in other countries if applicable)? |
| What type of licensing or registration does it require in the U.S.? |
| What related products might an agent/distributor of this product also handle? |

D. Current Business in Italy:

| | | |
|--|------|--|
| Is any part of your company currently represented in Italy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please provide the following regarding your representation: | | |
| Company Name: | | |
| Address: | | |
| Phone: | Fax: | E-Mail: |
| Is this an exclusive representation? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your company have any other presence in Italy? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: | | |
| | | |
| What is your current level of business in Italy? | | |
| | | |

E. Business Objectives:

| | |
|---|--|
| What type of market entry are you planning in Italy? | |
| <input type="checkbox"/> Distributor / Wholesaler <input type="checkbox"/> Agent / Sales Representative <input type="checkbox"/> Franchisee | <input type="checkbox"/> Joint Venture Partner or Licensee <input type="checkbox"/> Direct sales <input type="checkbox"/> Other: _____ |
| Is your firm seeking representation on an exclusive basis in this market? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Describe the business opportunities you see in Italy over the next one to three years:

What are your goals/objectives in this market over the next 12 to 24 months?

To complete your order for a Customized Market Research Service, please submit the following materials (the research will commence upon receipt):

- ☐ Completed Customized Market Research Service Questionnaire
- ☐ Signed Order Form, both pages, with Credit Card Information
- ☐ A set of company, product or service literature, to help us understand exactly what you plan to promote in Italy.

✧ Please use, as appropriate, fax, e-mail, or U.S. Postal Service Express Mail* or international courier service** (please mark the U.S. Customs form with “no commercial value”).

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PA #: _____ SECTOR: _____ Specialist: _____ USEAC: _____